

# Emergency Services District (ESD) Reporting Form Jan. 1, 2020

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Information received from this form will be transmitted to the Texas Division of Emergency Management in satisfaction of reporting requirements under Chapter 775 of the Health and Safety Code. This form is for the report required for Jan. 1, 2020.

Please familiarize yourself with the form before you begin submitting answers, because there is no mechanism to save the form and return later.

**ESD Name (i.e., Buffalo County ESD No. 99) \***

Fort Bend County ESD No. 2

**County or Counties in Which ESD is Located \***

Fort Bend

**ESD Business Address \***

24655 Westheimer Parkway

Street Address

Street Address Line 2

Katy

City

Texas

State / Province

77494

Postal / Zip Code

United States

Country

**ESD email \***

**ESD phone \***

281 -

Area Code

395-0011

Phone Number

**ESD website**[www.willowforkfire.com](http://www.willowforkfire.com)**Type of ESD \***

- Fire  
 Emergency Medical Service  
 Both

**Annual ESD Budget \***

\$6,887,000

**Tax rate (most recently adopted; i.e., \$0.10/\$100) \***

\$.10000

**Population of ESD**

62,000

**Area (sq. miles) of ESD**

11

**Does your ESD collect a sales tax?**

- Yes  
 No

**If your ESD collects a sales tax, what is the rate of the sales tax? (i.e. 1/2 percent)**

**Name of Person Completing this Form \***

Lou Ann	Matthews
First Name	Last Name

**E-mail \***

louann.matthews@willowforkfire.com

**Phone Number \***

281	395-0011
Area Code	Phone Number

**Name of ESD President (Commissioner No. 1) \***

Tom	Raia
First Name	Last Name

**E-mail \***

tom.raia@willowforkfire.com

**Term Expires (example: 12/31/20) \***

12/31/2020

**Name of ESD Vice President (Commissioner No. 2) \***

Robert

First Name

Miller

Last Name

**E-mail \***

robert.miller@willowforkfire.com

**Term Expires (example: 12/31/19) \***

12/31/2020

**Name of ESD Secretary (Commissioner No. 3) \***

Marti

First Name

Thorne

Last Name

**E-mail \***

marti.thorne@willowforkfire.com

**Term Expires (example: 12/31/19) \***

12/31/2021

**Name of ESD Treasurer (Commissioner No. 4) \***

Jack

First Name

Hazel

Last Name

**E-mail \***

jack.hazel@willowforkfire.com

**Term Expires (example: 12/31/19) \***

12/31/2021

**Name of ESD Commissioner (Commissioner No. 5) \***

John	Schwin
First Name	Last Name

**E-mail \***

john.schwin@willowforkfire.com

**Term Expires (example: 12/31/19) \***

12/31/2020

**Name of ESD's legal counsel \***

David	Manley
First Name	Last Name

**Address**

820 Gessner, Suite 1710  
Street Address

Two Memorial City Plaza  
Street Address Line 2

Houston	Texas
City	State / Province

77024-4298	United States
Postal / Zip Code	Country

**Phone Number**

713	-	984-8222
Area Code		Phone Number

**E-mail \***

manley@coveler.com

**Name of ESD's general manager, executive director or administrator (N/A if none)**

N/A

First Name

Last Name

**E-mail**

**Name of fire chief or EMS CEO**

Billy

First Name

Wilson

Last Name

**E-mail**

billy.wilson@willowforkfire.com

**Names of Other Consultant**

Rick

First Name

Majeres

Last Name

**Service provided (i.e. audit)**

audit

**E-mail**

rmajeres@covad.net

**Names of Other Consultant**

First Name

Last Name

**Service provided (i.e. audit)**

**E-mail**

**Question or comment**

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**Submit Form**